Community Health Systems

System 2 Facilities

TO: BUTLER CO FSD/CD

FROM: 888LCRAN

FAX NUMBER: 15739962238

Pages: 1 of 42

DATE: 4/3/2017

COMMENTS:

EXHIBIT 18

TWIN RIVERS REGIONAL MEDICAL CENTER
1301 FIRST STREET
KENNETT, MO 63857
573-888-4522

PSYCHIATRIC DISCHARGE SUMMARY

PATIENT: M.H.
MRN: 000133244 ACCOUNT NUMBER: 1750544
DOB: AGE: 12 GENDER: F
ADMIT DATE: 03/20/2017 DISCHARGE DATE: 03/23/2017
ATTENDING PHYSICIAN: TALIA HAIDERZAD PCP:
DICTATOR: TALIA HAIDERZAD

DATE OF SERVICE: 03/23/2017

DURATION OF SERVICE: 45 minutes.

IDENTIFYING DATA: This is a 12-year-old Caucasian female preadolescent child who was admitted on 03/20/2017 and was discharged on 03/20/2017.

DISCHARGE DIAGNOSES:
AXIS I: Major depressive disorder, moderate with suicidal behavior.
AXIS II: Deferred.
AXIS III: None identified. ALLERGY TO OMNICEF, SULFA, AND TAMIFLU. Weight 147 pounds.
AXIS IV: Chronic mental health issues and coping skills.
AXIS V: Global Assessment of Functioning upon admission 30 and upon discharge 48-50.

REASON FOR ADMISSION AND HISTORY OF PRESENT ILLNESS: The patient was admitted due to cutting behavior. She was referred by her primary care physician, Dr. Davis, Both mom foster mom will place him in the ER. The patient cut herself on the left arm the night before admission, she was very depressed. She was in SSM in January 2017 for the same reason. Da has some legal issues or molestation of her 18-year-old half-sister. Mo is asking for divorce. The patient is not happy not being home. The patient was living at the same house that dad molested her half-sister. & Paternal grandmother

Upon direct interview, I asked whether she has been feeling sad and depressed? The patient replied "not really depressed." Denied sadness, she states "I dont know." Sleep and appetite reported good. Denied feeling of hopelessness, helplessness, or worthlessness. Please refer to psychiatric evaluation of Dr. Haiderzad for further details.

HOSPITAL COURSE: The patient was on the following medication upon admission. Remeron 15 mg p.o. q.h.s.. The patient reported that she was placed on this medication approximately 6 weeks ago. She feels it is helping. She adamantly stated that she does not feel sadness or depression. The patient was also provided with multiple disciplinary psychotherapeutic activities while in the unit for supportive psychotherapy, increased coping, and psychoeducational activities.

She was also medically evaluated for medical management.

The patient interacted appropriately with the peers and the staff and did not exhibit any significant disruptive or out of control behavior.

Twin Rivers Regional Medical Center
301 1st Street
Kennett, MO 63857-3525
(573) 888-4522

ADMISSION RECORD

ACCOUNT NO.: 1750544
MEDICAL RECORD NO.: 0000133244

PATIENT

ADMIT DATE / TIME	ROOM NO.	PT	FC	AGE	DATE OF BIRTH	GEN	RA	MS	LOCATION	PROGRAM
03/20/2017 22:49		I7	A	012		F	1	S		

PATIENT NAME & ADDRESS: M.H. RR 61 BOX 2400 NAYLOR MO 63953 US
SS NUMBER: ***-**-****
PHONE NUMBER: (573)429-8320
PATIENT EMPLOYER: CHILD
EMPLOYER PHONE NO.:
COUNTY: RIRIPLEY (1

GUARANTOR

RESPONSIBLE PARTY & ADDRESS: RIDEOUT, CASSANDRA RR 61 BOX 2400 NAYLOR MO 63953 US
SS NUMBER: ***-**-****
PHONE NUMBER: (573)429-8320
RESPONSIBLE PARTY EMPLOYER: UNKNOWN
EMPLOYER PHONE:
RELATIONSHIP TO PATIENT:

EMERGENCY CONTACT NAME: WHALEY, THERESA
EMERGENCY CONTACT PHONE: (573)718-2789
EMERGENCY CONTACT RELATIONSHIP TO PATIENT: CASEWORKER

COMMENTS:

MAR	MED. REC	PRIVACY	ADMIT BY
☐Y ☒N	☐Y ☒N	TOP SECRET	BAP

INSURANCE

	PAYER	PLAN	POLICY NUMBER
1	550	MO1	6230-2820 08/30/2004

INSURANCE CO. NAME & ADDRESS: MEDICAID MISSOURI PO BOX 5500 JEFFERSON CITY MO 651025500 (573)751-2896
INSURED'S NAME: M.H.
GROUP NUMBER:
GROUP NAME:
AUTHORIZATION: 7080245

	PAYER	PLAN	POLICY NUMBER
2			

INSURANCE CO. NAME & ADDRESS:
INSURED'S NAME:
GROUP NUMBER:
GROUP NAME:
AUTHORIZATION:

	PAYER	PLAN	POLICY NUMBER
3			

INSURANCE CO. NAME & ADDRESS:
INSURED'S NAME:
GROUP NUMBER:
GROUP NAME:
AUTHORIZATION:

MISC

DR. ATTENDING / ADMITTING: HAIDERZAD, TALIA
DR. FAMILY / PRIMARY CARE: DAVIS, D L

DIAGNOSIS / ICD9 & SYMPTOMS: MDD SEVERE/ SUICIDAL BEHAVIOR
ACCIDENT:
ACCIDENT DATE:

PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care):
DISCHARGE CODE: DISCHARGED TO HOME
DISCHARGE DATE/TIME: 03/23/2017 13:20

COMPLICATION(S)

COMORBIDITY(IES)

PRINCIPAL PROCEDURE

ADM01A

1750544

0000133244

Community Health Systems

System 2 Facilities

TO: BUTLER CO FSD/CD

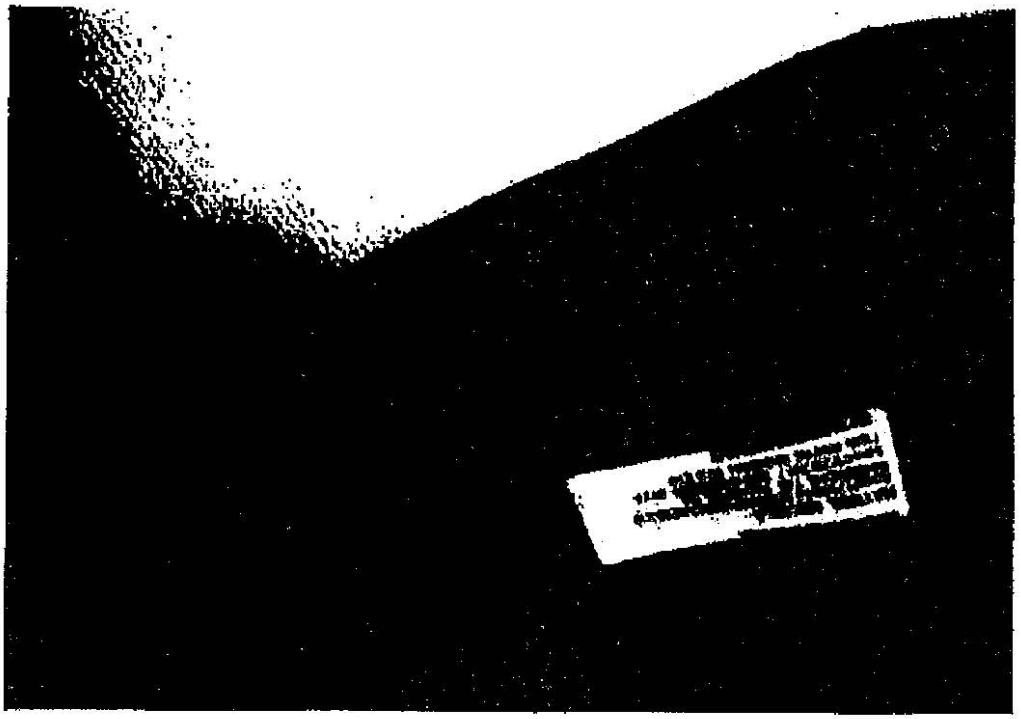
FROM: 888LCRAN

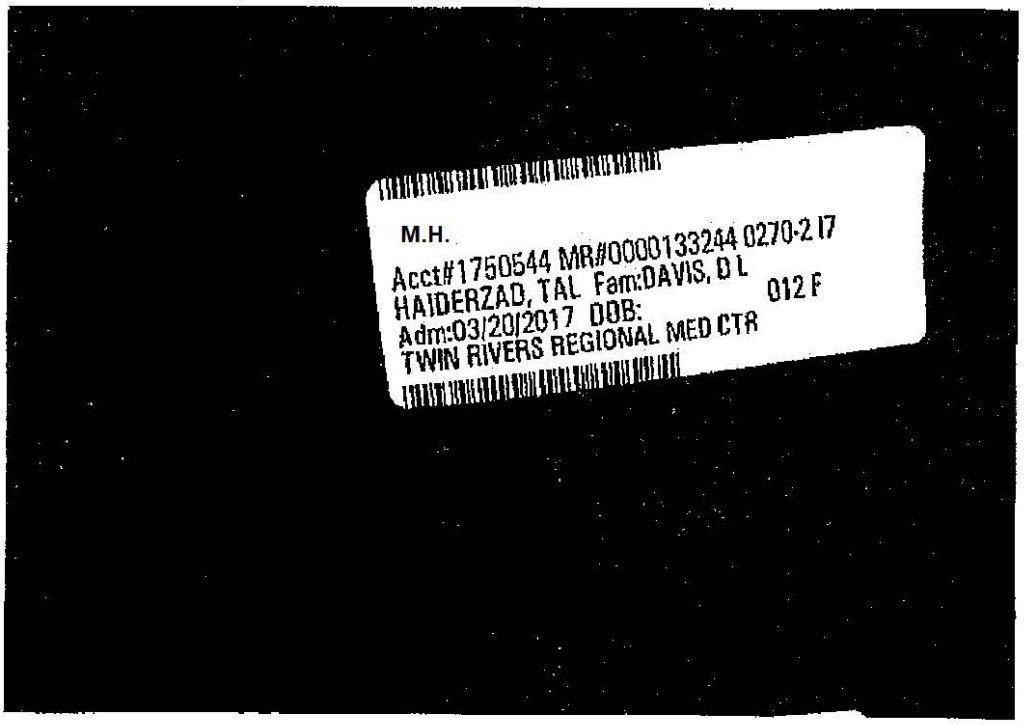
FAX NUMBER: 15739962238

Pages: 1 of 47

DATE: 4/3/2017

COMMENTS:





M.H.
Acct#1750544 MR#0000133244 0270-2 I7
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

M.H.
MRN: 00001332
ACCT: 1750544

Emergency Department

Handoff Communication Form

See attached ER record for more information

Situation **S**	**Patient Name:** M.H. **Age:** 12 yrs **Gender:** Female **Admitting Physician:** Haiderzad, Talia **Admitting Diagnosis:** Major Depression with Suicidal Ideation **Admission Status:** Inpatient ☐ Observation ☐	**Room Number:** Adolescent (2N) : **Room type:** Inpatient Dispo Info: **Special Handling:** Normal
	Presenting Complaint: **Additional Notes:** _____	
Background **B**	**Chief Complaint:** Psych Problem - evaluation **ED arrival time:** 03/20/17 18:23 **Home Meds** 1. Remeron oral 15 mg tab 1 tab once daily;	**Height:** 5ft. 6in. **Weight:** 67.33Kg **Allergies:** No known drug Allergies **Past Medical:** DEPRESSION **Past Surgical:** NONE
	Initial VS: 03/20/17 18:31 **BP:** 140/76 **P:** 102 **R:** 20 **T:** 98.6 **O2:** 98% **Pain:** 0/10 **Ob/Gyn: LMP:** 3/15/2017 **Additional Notes:** _____	
Assessment **A**	**ED Medications** NONE **Total Intake:** **Total Output:** **NIH:** **GCS:** **Trauma Score:** **Vent Settings:** **Critical Lab Results: ACETAMINOPHEN:** <2.0 ug/mL, **Lymphocytes:** 21 %, **Eosinophils:** 14 %, **Basophils:** 3 %, **Absolute Monocytes:** 0.9 K/uL, **Absolute Eosinophils:** 1.4 K/uL, **Absolute Basophils:** 0.3 K/uL, **AST (SGOT):** 10 U/L, **Salicylate:** 0.9 mg/dL, **Urobilinogen:** 1.0 mg/dL **Fall Risk Assessment:** ☐ Universal fall risk ☐ Elevated fall risk due to: ☐ Hx of falls ☐ Assistive devices ☐ Confusion ☐ Incontinence ☐ Foley ☐ Weakness ☐ Dizziness ☐ Medication **IVs:** ☐ LFA ☐ RFA ☐ RAC ☐ LAC ☐ Central Line Other: _____ **Foley:** ☐ Yes ☐ No **NGT:** ☐ Yes ☐ No **Oxygen:** ☐ Nasal Cannula ☐ Non-rebreather ☐ CPAP ☐ Vent **NPO?** ☐ Yes ☐ No **Last VS:** 03/20/17 18:31 **BP:** 140/76 **P:** 102 **R:** 20 **T:** 98.6 **O2:** 98% **Pain:** 0/10 **Current Assessment:** _____	
	Additional Notes: _____	
Recommendations **R**	**Tests pending at 03/20/2017 10:38 PM:** CONSULT ORDERS (Ordered at 19:26) **ETA at destination:** _____ **Admissions orders** ☐ Attached ☐ Admitting physician to write ☐ Call for orders ☐ _____ **Outstanding orders or immediate needs:** _____ **Additional Notes:** _____	

M.H.
MRN: 0000[redacted]
ACCT: 1750[redacted]

Reporting Nurse: Leonard, Russell, RN
Date/Time: 03/20/2017 10:38 PM

Receiving Nurse: [signature]
3/20/17 2254

TWIN RIVERS

Client Education Summary
Medication Group and Goal Group

First Step Behavioral Health Unit

Codes (use codes as appropriate): **Method:** A/V = Audio Visual 1/1 = One to One H/O = Handouts GRP = Group

Outcome: R = Refused NM = No Motivation LU = Limited Understanding NR = Needs Repeating GI = Good Interaction EP = Excellent Verbal or Written Participation

Process Groups:
4 = Shows insight and motivation, consistently offers appropriate responses, offers encouragement to peers, actively participates
3 = Shows insight and motivation, offers appropriate responses, may require encouragement
2 = Demonstrates some insight and motivation, requires encouragement to participate
1 = Demonstrates no insight, shows no motivation, participation is limited
R/U = Refuses to participate in group or Unable to participate in group

GOALS

DATE/TIME	METHOD	OUTCOME	SIGNATURE

MEDICATION INFORMATION

GROUP	DATE/TIME	METHOD	OUTCOME	SIGNATURE
Meds	3/20/17 2200	1:1	GI 2	[illegible]
Meds	3/21/17 2000	1:1	GI 2	[illegible]
[illegible]	3/22/17 [illegible]	1:1	GI 2	[illegible]
meds	3/22/17 2200	1:1	GI 2	[illegible]

8682720

PATIENT IDENTIFICATION

M.H.

Acct#1750544 MR#0000133244 0270-2 17
HAIDERZAD, TAI. Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

Client Education Summary
Medication Group and Goal Group

TWR5617010 (10/19/10) Page 1 of 1

"PA"

☐ ADULT ☒ ADOLESCENT Date 3/20/17

	0700 Initial	1900 Initial		0700 Initial	1900 Initial		0700 Initial	1900 Initial
Safety Precautions Maintained			***Behaviors***			***Sleep***		
Falls			Socially Pleasant			# Hours Slept through Night		
Suicide			Argumentative			PRN for Sleep Given		
Assault			Verbally Abusive			Broken Sleep Pattern		
Elopement			Poor Impulse Controls			Nap During Day		
Seizure			Attempts to Elope					
Other			Intrusive					
			Isolative/Withdrawn			***Speech Pattern***		
Appearance			Tearful/Sad			Clear		
Neatly Groomed			Disrobing			Rapid/Loud		
Disheveled			Screaming/Calling Out			Repetitive		
Appropriately Dressed			Agitated			Pressured		
Inappropriately Dressed			Pacing			Rate/One/Volume WNL		
			Sexual Remarks			Mechanical		
ADLs			Inappropriate Touching			Expressive Aphasia		
Independent			Inappropriate Laughter			Garbled		
Assisted Cooperative			Easily Redirects					
Assisted Resistant			Difficult to Redirect			***Thought Content***		
			Physically Aggressive			Intact/Goal-Oriented		
Eye Contact			Other			Circumstantial		
Appropriate						Disorganized		
Fair			***Risk of Harm to Self***			Recurrent Themes		
Poor/None			Self-Mutilation			Suspicious/Guarded Responses		
			Passive Death Wish					
LOC			Suicidal Thoughts			Flight of Ideas		
Alert								
Drowsy			***Suicidal Plan***			***Mood***		
Lethargic			Suicide Attempt			Elated		
			Denies Suicidal Thoughts/Contracts for Safety			Angry		
Orientation						Dysphoric		
Self Only						Calm/Pleasant		
Person			Suicide Risk Assessment Completed			Hopeless/Helpless		
Place						Discouraged		
Time						Labile		
			Risk of Harm to Others					
Concentration			Homicidal			***Patient Self-Rating***		
Follows Conversation			Threatening Behavior			On a Scale of 1-10 How Depressed Do You Feel		
Follows Directions			Thoughts of Harming Others					
Difficulty with Directions						On a Scale of 1-10 How Anxious Do You Feel		
Difficulty with Conversation			Plan Developed					
			Able to Carry Out Plan					
Confusion			Sexual Misconduct			***Medications***		
None						Compliant		
Mild: Easily Reoriented			***Anxiety***			Noncompliant		
Moderate			No Complaints			PRN Given (Detailed in Note)		
Severe: Unable to Orient			Mild					
Increased after 1600			Moderate			Medication Changes		
			Severe					

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, O L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

PA

Date 3/20/17

	0700 Initial	1900 Initial		0700 Initial	1900 Initial		0700 Initial	1900 Initial
Energy Level			***Response Internal Stimuli***			***Edema***		
No Complaints			None Reported			Feet/Ankles		
Tired/Fatigued			Auditory Hallucinations			Hands		
Excessive Energy			Visual Hallucinations			Face		
			Other			Other None		
Affect								
Congruent with Mood			***Respiratory***			***Cardiovascular***		
Not Congruent with Mood			Respirations Non-Labored			Pulse Regular		
			Respirations Labored			Pulse Irregular		
Flat			Wheezing			Murmur		
Blunted			Rales			Pulse 4 Extremities		
Situational Brightening			Rhonchi			(+ or -) *(Explain in notes)*		
			Isolation:					
Skin			Type					
Normal Color						***Elimination***		
Pale			***Gastrointestinal***			Constipation		
Ashen			Abdomen Non-Distended			Normal Bowel Pattern		
Warm			Nausea			Diarrhea		
Dry			Vomiting			Fecal Incontinence		
Cool			No GI Complaints			Urinary Incontinence		
Moist						Normal Bladder Pattern		
Pressure Ulcer								
Prevention Implemented								
Other								

INTERVENTIONS COMPLETED

Safety Precautions Maintained			Discussion with Family			☑ Skin Care Provided		
Individual Therapy			Supportive Feedback			☐ Assisted with ADLs		
Redirection As Needed			Level of Observation Maintained			☑ Pain Assessed		
PRN Medications			☐ 1:1 Observation			☑ Suicide Risk Assessment		
Education Provided			☐ Line of Vision			Other		
Encouraged Groups			☑ 15-Minute Checks					

DAILY ASPIRATION PNEUMONIA ASSESSMENT ☑ Not Applicable

Implement Aspiration Precaution and Consult Speech-Language Therapist and Notify Physician

☐ Facial Weakness ☐ Open Mouth Posture ☐ Food Retention After Intake
☐ Wet/Gurgling Voice/Breath ☐ Coughing/Choking During Intake ☐ Head Extension During Intake
☐ Drooling and Loss of Food and/or Liquid from Mouth

NUTRITION/METABOLIC PATTERN

Diet Regular

☐ Nutrition and Hydration Addressed

Food ***Calorie Count*** ☐ Yes / ☒ No

Taken per						
Breakfast	☐ Self ☐ 100%	☐ Assist ☐ 75%	☐ Fed ☐ 50%	☐ 25%	☐ Refused	☐ NPO
Lunch	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Dinner	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Interval Feeding	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO

☐ Requested Time: ☐ Offered Time: ☐ Diabetic Time:

Snacks:

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-2 I7
HAIDERZAB, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

PA

Date 3/20/17

BRADEN SCALE

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction/Shear	17–23 Low Risk Less than or Equal to 16 High Risk and Initiate Prevention Protocol	
1. Completely Limited 2. Very Impaired 3. Slightly Limited 4. No Limitation	1. Constantly 2. Moist 3. Occasionally 4. Rarely	1. Bedfast 2. Chairfast 3. Walks Occasionally 4. Walks Frequently	1. Completely Immobile 2. Very Limited 3. Slightly Limited 4. No Limitations	1. Very Poor 2. Probably Inadequate 3. Adequate 4. Excellent	1. Mod/Max turn Assist 2. Minimum Assist 3. No Apparent Problem	Total Score:	Initial
						0700	
						1900 23	[initial]

FALL RISK

Morse Fall Scale	Numeric Values	0700 Score	1900 Score
History of Falling	No=0 Yes=25		
Secondary Diagnosis (see list)	No=0 Yes=15		15
Ambulatory Aids			
None/Bedrest/Nurse Assist	0		
Crutches/Cane/Walker	15		
Uses Furniture to Support	30		
IV Access	No=0 Yes=20		
Gait/Balance			
Normal/Bedrest/Wheelchair	0		
Weak	10		
Impaired	20		
Mental Status			
Oriented to Own Ability	0		
Overestimates or Forgets Limitations	15		
	Total Score		15
	Initials		[initial]

Secondary Diagnosis Which Includes:

- Dizzy
- Orthostatic Hypotension
- Agitation/Delirium
- Frequent Toileting/Incontinence
- Impaired Mobility/Vision/Hearing

Medications:

- Diuretics
- Psychotropics
- Antihistamines
- Narcotics
- Anticoagulants
- Anticonvulsants

Morse Fall Scale Score:

0-44 LOW RISK (Hourly Rounds)

45-Higher HIGH RISK (Implement Falling Star Program)

0700	1900
☐ No Needs Identified	☒ No Needs Identified
☐ Falling Star Program	☐ Falling Star Program

	Initial	Date	Time
RN Signature			
RN Signature [signature]	[initial]	3/20/17	2254

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3-20-17	2254	Ambulatory to unit from ER ē foster mom & ER staff (x1) Dx MDD severe ē suicidal behavior for Dr Haiderzad. [signature]
3-21-17	0015	B— M.H. & foster mom cooperative ē admission process. All documents/forms explained to & signed. Copy of guardianship placed in chart. —— [signature]

Behavioral Health Services
24-Hour Flow Sheet
1488-TWR-190937HMS 02/15 (Rev. 12/15) Page 3 of 4

Patient Label

M.H.
Acct#1750644 MR#0000133244 0270-2 17
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

PA

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3/21/17	0015	1- Unit orientation Done. Plan of care
		explained to Both. Questions encouraged.
	2-	Good eye contact. Soft spoken
		responses. Denies knowing her thought
		process when she [illegible] this time
		for the last. States understanding
		& asking questions & [illegible] thoughts.
	P.	Will continue s/p as ordered. [illegible signature]

Behavioral Health Services
24-Hour Flow Sheet
1488-TWR-190937HMS 02/15 (Rev. 12/15)

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-2 I7
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB:
012 F
TWIN RIVERS REGIONAL MED CTR

PA

☐ ADULT ☑ ADOLESCENT Date 3/21/2017

	0700 Initial	1900 Initial
Safety Precautions Maintained		
Falls		
Suicide		
Assault		
Elopement		
Seizure		
Other Q15 visuals	MS	
Appearance		
Neatly Groomed		
Disheveled		
Appropriately Dressed	MS	
Inappropriately Dressed		
ADLs		
Independent	MS	
Assisted Cooperative		
Assisted Resistant		
Eye Contact		
Appropriate	MS	
Fair		
Poor/None		
LOC		
Alert	MS	
Drowsy		
Lethargic		
Orientation		
Self Only		
Person	MS	
Place	MS	
Time	MS	
Concentration		
Follows Conversation	MS	
Follows Directions	MS	
Difficulty with Directions		
Difficulty with Conversation		
Confusion		
None	MS	
Mild; Easily Reoriented		
Moderate		
Severe; Unable to Orient		
Increased after 1600		

	0700 Initial	1900 Initial
Behaviors		
Socially Pleasant	MS	
Argumentative		
Verbally Abusive		
Poor Impulse Controls		
Attempts to Elope		
Intrusive		
Isolative/Withdrawn		R
Tearful/Sad		
Disrobing		
Screaming/Calling Out		
Agitated		
Pacing		
Sexual Remarks		
Inappropriate Touching		
Inappropriate Laughter		
Easily Redirects	MS	
Difficult to Redirect		
Physically Aggressive		
Other Quiet		R
Risk of Harm to Self		
Self-Mutilation	MS	
Passive Death Wish		
Suicidal Thoughts		
Suicidal Plan		
Suicide Attempt		
Denies Suicidal Thoughts/Contracts for Safety	MS	
Suicide Risk Assessment Completed		
Risk of Harm to Others		
Homicidal		
Threatening Behavior		
Thoughts of Harming Others		
Plan Developed		
Able to Carry Out Plan		
Sexual Misconduct		
Denies		
Anxiety		
No Complaints	MS	
Mild		
Moderate		
Severe		

	0700 Initial	1900 Initial
Sleep		
# Hours Slept through Night		
PRN for Sleep Given		
Broken Sleep Pattern		
Nap During Day		
Speech Pattern		
Clear	MS	
Rapid/Loud		
Repetitive		
Pressured		
Rate/One/Volume WNL		
Mechanical		
Expressive Aphasia		
Garbled		
Thought Content		
Intact/Goal-Oriented	MS	
Circumstantial		
Disorganized		
Recurrent Themes		
Suspicious/Guarded Responses		
Flight of Ideas		
Mood		
Elated		
Angry		
Dysphoric		
Calm/Pleasant	MS	
Hopeless/Helpless		
Discouraged		
Labile		
Patient Self-Rating	MS	
On a Scale of 1-10 How Depressed Do You Feel	0	
On a Scale of 1-10 How Anxious Do You Feel	0	
Medications		
Compliant	MS	
Noncompliant		
PRN Given (Detailed In Note)		
Medication Changes		

Patient Label

M.H.

Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

Date 3/21/2017

	0700 Initial	1900 Initial		0700 Initial	1900 Initial		0700 Initial	1900 Initial
Energy Level			***Response Internal Stimuli***			***Edema***		
No Complaints	MB		None Reported	MB		Feet/Ankles		
Tired/Fatigued			Auditory Hallucinations			Hands		
Excessive Energy			Visual Hallucinations			Face		
			Other			Other		
Affect								
Congruent with Mood			***Respiratory***			***Cardiovascular***		
Not Congruent with Mood			Respirations Non-Labored	MB		Pulse Regular	MB	
			Respirations Labored			Pulse Irregular		
Flat	MB		Wheezing			Murmur		
Blunted			Rales			Pulse 4 Extremities		
Situational Brightening			Rhonchi			(+ or -) *(Explain in*		
			Isolation:			*notes)*		
Skin			Type					
Normal Color	MB					***Elimination***		
Pale			***Gastrointestinal***			Constipation		
Ashen			Abdomen Non-Distended	MB		Normal Bowel Pattern	MB	
Warm			Nausea			Diarrhea		
Dry			Vomiting			Fecal Incontinence		
Cool			No GI Complaints	MB		Urinary Incontinence		
Moist						Normal Bladder Pattern	MB	
Pressure Ulcer Prevention Implemented								
Other								

INTERVENTIONS COMPLETED

Safety Precautions	MB		Discussion with Family			☑ Skin Care Provided		
Maintained	MB		Supportive Feedback			☐ Assisted with ADLs		
Individual Therapy	MB		Level of Observation			☐ Pain Assessed		
Redirection As Needed	MB		Maintained			☑ Suicide Risk Assessment	MB	
PRN Medications			☐ 1:1 Observation					
Education Provided	MB		☐ Line of Vision			Other		
Encouraged Groups	MB		☑ 15-Minute Checks	MB				

DAILY ASPIRATION PNEUMONIA ASSESSMENT ☑ Not Applicable

Implement Aspiration Precaution and Consult Speech-Language Therapist and Notify Physician

☐ Facial Weakness ☐ Open Mouth Posture ☐ Food Retention After Intake
☐ Wet/Gurgling Voice/Breath ☐ Coughing/Choking During Intake ☐ Head Extension During Intake
☐ Drooling and Loss of Food and/or Liquid from Mouth

NUTRITION/METABOLIC PATTERN

Diet Regular

☑ Nutrition and Hydration Addressed

Food	Calorie Count ☐ Yes ☑ No					
Taken per	☑ Self	☐ Assist	☐ Fed			
Breakfast	☐ 100%	☑ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Lunch	☑ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Dinner	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Interval Feeding	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO

☐ Requested Time: ☑ Offered Time: ☐ Diabetic Time:

Snacks: 2000

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

'PA'

Date 3/21/2017

BRADEN SCALE

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction/Shear
1. Completely Limited 2. Very Impaired 3. Slightly Limited 4. No Limitation	1. Constantly 2. Moist 3. Occasionally 4. Rarely	1. Bedfast 2. Chairfast 3. Walks Occasionally 4. Walks Frequently	1. Completely Immobile 2. Very Limited 3. Slightly Limited 4. No Limitations	1. Very Poor 2. Probably Inadequate 3. Adequate 4. Excellent	1. Mod/Max turn Assist 2. Minimum Assist 3. No Apparent Problem

17–23 Low Risk Less than or Equal to 16 High Risk and Initiate Prevention Protocol

Total Score:	Initial
0700 23	MB
1900 23	CL

FALL RISK

Morse Fall Scale	Numeric Values	0700 Score	1900 Score
History of Falling	No=0 Yes=25	0	0
Secondary Diagnosis (see list)	No=0 Yes=15	0	0
Ambulatory Aids			
None/Bedrest/Nurse Assist	0	0	0
Crutches/Cane/Walker	15		
Uses Furniture to Support	30		
IV Access	No=0 Yes=20	0	0
Gait/Balance			
Normal/Bedrest/Wheelchair	0	0	0
Weak	10		
Impaired	20		
Mental Status			
Oriented to Own Ability	0	0	0
Overestimates or Forgets Limitations	15		
	Total Score	0	0
	Initials	MB	CL

Secondary Diagnosis Which Includes:
- Dizzy
- Agitation/Delirium
- Impaired Mobility/Vision/Hearing
- Orthostatic Hypotension
- Frequent Toileting/Incontinence

Medications:
- Diuretics
- Antihistamines
- Anticoagulants
- Psychotropics
- Narcotics
- Anticonvulsants

Morse Fall Scale Score:
0-44 LOW RISK (Hourly Rounds)
45-Higher HIGH RISK (Implement Falling Star Program)

0700	1900
☑ No Needs Identified	☒ No Needs Identified
☐ Falling Star Program	☐ Falling Star Program

RN Signature: L Burks, RN — Initial MB Date 3/21/17 Time 1045

RN Signature: Julie Carter, RN / Richard RN 3/21/17 2154 — Initial CL Date 3/21/17 Time 1950

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3/21/17	0945	Pt awake, A/O x3, participates appropriately & Assessment Calm, Cooperative, appropriate eye contact. Nurse assessed SI/HI depression, Anxiety + hallucinations. M.H. denies thoughts of harming Self or others. She denies depression/Anxiety. She reports thoughts of self harm, no suicidal, due to dads trial being set back. Nurse encouraged M.H. to participate in treatment, groups, & activities. M.H. agrees to (cont)

Behavioral Health Services
24-Hour Flow Sheet
1488-TWR-190937HMS 02/15 (Rev. 12/15) Page 3 of 4

Patient Label

M.H
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB:
TWIN RIVERS REGIONAL MED CTR
012 F

DATE	TIME	NOTES SHOULD BE SIGNED. DATED, AND TIMED
3/21/17	0945	safety stuff if she has thoughts of hurting herself. Feeding. Nurse encouraged M.H. to work on positive coping skills. — M Bucklew, RN
3/21/17	1845	M.H. interacted well with staff & peers, She participated in all groups & activities. NO needs identified. Report given to oncoming staff for continued care. — M Bucklew, RN
3/21/17	1930	S: Patient is calm and cooperative during assessment. Patient interacts well & plays while in group room I: To assess patient for SI/HI thoughts of harming herself or others, to have patient rate depression and anxiety levels, and to encourage patient to use appropriate coping skills R: Patient denies any SI/HI denies thoughts of harming herself or others ~~to staff~~ patient rates both depression and anxiety at 0/10. Patient reports that it helps her to talk to her foster mom and real mom when she is upset. P: To maintain a safe environment and to encourage patient to participate in all steps of milieu treatment — Carter, BT
3/22/17	2454	M.H. has been quiet & withdrawn but she smiles at & accepts that she feels "okay". Cooperative & STAY. NOT suicidal or a threat to staff. — H Pickard, RN

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

'PNAT'

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3/21/17	10:24am	Contacted guardian to discuss progress and discharge planning. Guardian reported dad's trial was scheduled 3/20/2017 and it caused sadness. Guardian reported concerns related to dad not having any contact with them. -TH

Best Copy

PROGRESS NOTES
NS-2505HMS 01/08 (Rev. 10/08, 12/09) Page 1 of 1

M.H.
Acct#1750544 MR#0000133244 0270-2 17
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 00B: 012 F
TWIN RIVERS REGIONAL MED CTR

"PA"

☐ ADULT ☑ ADOLESCENT Date 3/22/2017

	0700 Initial	1900 Initial		0700 Initial	1900 Initial		0700 Initial	1900 Initial
Safety Precautions Maintained			***Behaviors***			***Sleep***		
Falls			Socially Pleasant	JSC	LDS	# Hours Slept through Night		
Suicide	JSC		Argumentative			PRN for Sleep Given		
Assault			Verbally Abusive			Broken Sleep Pattern		
Elopement			Poor Impulse Controls			Nap During Day		
Seizure			Attempts to Elope					
Other BIS Usual	JSC	LDS	Intrusive					
			Isolative/Withdrawn		LDS	***Speech Pattern***		
Appearance			Tearful/Sad			Clear	JSC	LDS
Neatly Groomed		LDS	Disrobing			Rapid/Loud		
Disheveled			Screaming/Calling Out			Repetitive		
Appropriately Dressed		LDS	Agitated			Pressured		
Inappropriately Dressed			Pacing			Rate/One/Volume WNL		
			Sexual Remarks			Mechanical		
ADLs			Inappropriate Touching			Expressive Aphasia		
Independent	JSC	LDS	Inappropriate Laughter			Garbled		
Assisted Cooperative			Easily Redirects		LDS	Soft/monotoned		LDS
Assisted Resistant			Difficult to Redirect			***Thought Content***		
			Physically Aggressive			Intact/Goal-Oriented	JSC	LDS
Eye Contact			Other Quiet JSC			Circumstantial		
Appropriate	JSC	LDS				Disorganized		
Fair			***Risk of Harm to Self*** Denies			Recurrent Themes		
Poor/None			Self-Mutilation			Suspicious/Guarded Responses		
			Passive Death Wish					
LOC			Suicidal Thoughts			Flight of Ideas		
Alert	JSC	LDS						
Drowsy			Suicidal Plan			***Mood***		
Lethargic			Suicide Attempt			Elated		
			Denies Suicidal Thoughts/Contracts for Safety		LDS	Angry		
Orientation						Dysphoric	JSC	LDS
Self Only						Calm/Pleasant	JSC	LDS
Person	JSC	LDS	Suicide Risk Assessment Completed			Hopeless/Helpless		
Place	JSC	LDS				Discouraged		LDS
Time	JSC	LDS	Denies JSC		LDS	Labile		
			Risk of Harm to Others					
Concentration			Homicidal			***Patient Self-Rating***	JSC	
Follows Conversation	JSC	LDS	Threatening Behavior			On a Scale of 1-10 How Depressed Do You Feel	0	0
Follows Directions	JSC	LDS	Thoughts of Harming Others					
Difficulty with Directions						On a Scale of 1-10 How Anxious Do You Feel	0	0
Difficulty with Conversation			Plan Developed					
			Able to Carry Out Plan					
Confusion			Sexual Misconduct			***Medications***		
None	JSC	LDS	Denies JSC		LDS	Compliant	JSC	LDS
Mild: Easily Reoriented			***Anxiety***			Noncompliant		
Moderate			No Complaints	JSC	LDS	PRN Given (Detailed In Note)		
Severe: Unable to Orient			Mild					
Increased after 1600			Moderate			Medication Changes		
			Severe					

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

"PA"

Date 3/22/2017

	0700 Initial	1900 Initial		0700 Initial	1900 Initial		0700 Initial	1900 Initial
Energy Level			***Response Internal Stimuli***			***Edema***		
No Complaints	JDC	LBS	None Reported	JDC	LBS	Feet/Ankles		
Tired/Fatigued			Auditory Hallucinations			Hands		
Excessive Energy			Visual Hallucinations			Face		
			Other			Other None	JDC	LBS
Affect								
Congruent with Mood		LBS	***Respiratory***			***Cardiovascular***		
Not Congruent with Mood			Respirations Non-Labored	JDC	LBS	Pulse Regular	JDC	LBS
Flat	JDC	LBS	Respirations Labored			Pulse Irregular		
Blunted			Wheezing			Murmur		
Situational Brightening			Rales			Pulse 4 Extremities	JDC	LBS
			Rhonchi			(+ or -) *(Explain in notes)*		
			Isolation:					
Skin			Type					
Normal Color	JDC	LBS				***Elimination***		
Pale			***Gastrointestinal***			Constipation		
Ashen			Abdomen Non-Distended	JDC	LBS	Normal Bowel Pattern	JDC	LBS
Warm	JDC	LBS	Nausea			Diarrhea		
Dry	JDC	LBS	Vomiting			Fecal Incontinence		
Cool			No GI Complaints	JDC	LBS	Urinary Incontinence		
Moist						Normal Bladder Pattern	JDC	LBS
Pressure Ulcer Prevention Implemented								
Other								

INTERVENTIONS COMPLETED

Safely Precautions	JDC	LBS	Discussion with Family			☐ Skin Care Provided		
Maintained	JDC	LBS	Supportive Feedback	JDC	LBS	☐ Assisted with ADLs		
Individual Therapy	JDC		Level of Observation Maintained			☑ Pain Assessed		LBS
Redirection As Needed		LBS	☐ 1:1 Observation			☐ Suicide Risk Assessment		
PRN Medications			☐ Line of Vision			Other		
Education Provided	JDC	LBS	☑ 15-Minute Checks	JDC	LBS			
Encouraged Groups	JDC	LBS						

DAILY ASPIRATION PNEUMONIA ASSESSMENT ☑ Not Applicable JDC LBS

Implement Aspiration Precaution and Consult Speech-Language Therapist and Notify Physician

☐ Facial Weakness ☐ Open Mouth Posture ☐ Food Retention After Intake
☐ Wet/Gurgling Voice/Breath ☐ Coughing/Choking During Intake ☐ Head Extension During Intake
☐ Drooling and Loss of Food and/or Liquid from Mouth

NUTRITION/METABOLIC PATTERN

Diet Reg

☑ Nutrition and Hydration Addressed JDC LBS

Food	Calorie Count ☐ Yes ☑ No					
Taken per	☑ Self	☐ Assist	☐ Fed			
Breakfast	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Lunch	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Dinner	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Interval Feeding	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO

Snacks: ☐ Requested Time: ☑ Offered Time: 2030 ☐ Diabetic Time:

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

'PA'

Date 3/22/2017

BRADEN SCALE

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction/Shear	17–23 Low Risk Less than or Equal to 16 High Risk and Initiate Prevention Protocol
1. Completely Limited 2. Very Impaired 3. Slightly Limited 4. No Limitation	1. Constantly 2. Moist 3. Occasionally 4. Rarely	1. Bedfast 2. Chairfast 3. Walks Occasionally 4. Walks Frequently	1. Completely Immobile 2. Very Limited 3. Slightly Limited 4. No Limitations	1. Very Poor 2. Probably Inadequate 3. Adequate 4. Excellent	1. Mod/Max turn Assist 2. Minimum Assist 3. No Apparent Problem	Total Score: / Initial 0700 23 / [illegible] 1900 23 / DS

FALL RISK

Morse Fall Scale	Numeric Values	0700 Score	1900 Score
History of Falling	No=0 Yes=25	Ø	Ø
Secondary Diagnosis (see list)	No=0 Yes=15	Ø	15
Ambulatory Aids			
None/Bedrest/Nurse Assist	0	Ø	Ø
Crutches/Cane/Walker	15		
Uses Furniture to Support	30		
IV Access	No=0 Yes=20	Ø	Ø
Gait/Balance			
Normal/Bedrest/Wheelchair	0	Ø	Ø
Weak	10		
Impaired	20		
Mental Status			
Oriented to Own Ability	0	Ø	Ø
Overestimates or Forgets Limitations	15		
	Total Score	Ø	15
	Initials	[illegible]	DS

Secondary Diagnosis Which Includes:
- Dizzy
- Orthostatic Hypotension
- Agitation/Delirium
- Frequent Toilating/Incontinence
- Impaired Mobility/Vision/Hearing

Medications:
- Diuretics
- Psychotropics
- Antihistamines
- Narcotics
- Anticoagulants
- Anticonvulsants

Morse Fall Scale Score:
0-44 LOW RISK (Hourly Rounds)
45-Higher HIGH RISK (Implement Falling Star Program)

0700	1900
☑ No Needs Identified	☑ No Needs Identified
☐ Falling Star Program	☐ Falling Star Program

RN Signature	Initial	Date	Time
[illegible] RN	[illegible]	3/22/17	0800
Darnell Shipley	DS	3-22-17	1930

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3/22/2017	0800	M.H. maintains eye contact, depressed, low monotoned speech, answers questions appropriately. Assessed pt [illegible] for pregnancy, allowed pt time to discuss current feelings, thoughts or fears.
		M.H. reports sleeps well 5 interruption

Behavioral Health Services
24-Hour Flow Sheet
1488-TWR-190937HMS 02/15 (Rev. 12/15) Page 3 of 4

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-2 17
HAIDERZAD, TAL Fam:DAVIS, D L 012 F
Adm:03/20/2017 DOB:
TWIN RIVERS REGIONAL MED CTR

PA

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3/22/2017	0800	Denies feelings of anxiety or depression "I have a real good relationship with my foster mom, we just clicked, and her and my real mother gets along really good." Pt reports ⊘ feelings of self harm ⊘ thoughts of suicide. Denies questions or concerns @ this time. Encouraged pt to verbalize ⊕ coping strategies as well as appropriate ways to get message across because no one would listen. Gceappke
3/22/17	1743	M.H. pleasant / cooperative, Quiet. answers questions appropriately ⊘ needs identified @ this time. Will continue to monitor for safety - Gceappke
3/22/17	1845	M.H. Spoke c̄ Bio Mom on phone Speaker phone c̄ this nurse @ patient side - Gceappke
3-22-17	1930	Patient is alert and oriented X4 Appropriate eye
	B	contact, flat affect. Patient is calm and cooperative with staff. Limited interaction with peers.
	I	Provided patient privacy, encouraged self-disclosure
	R	Patient denies suicidal or homicidal ideations. She identifies "Dad's trial" as the cause of her depression. Patient states the trial has been ongoing for the past three years, and has recently been set back again. Patient denies feelings of depression or anxiety. No problems reported with medications, patients or staff
	P	Continue to provide a safe environment and monitor per protocol. Darnell Shipley RN
3/23/17	0130	M.H. Participated during group activities. Limited interaction with peers. Patient resting quietly with eyes closed. Respirations are regular, even and unlabored. No distress noted. Will monitor per protocol. Darnell Shipley RN
3/23/17	0600	Patient continues to sleep quietly. No distress noted. Will monitor per protocol. Darnell Shipley RN

Behavioral Health Services
24-Hour Flow Sheet
1488-TWR-190937HMS 02/15 (Rev. 12/15) Page 4 of 4

Patient Label

M.H.
Acct#176U544 MR#0000133244 0270-2 17
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

"PA"

☐ ADULT ☑ ADOLESCENT Date 3/20/17

	0700 Initial	1900 Initial		0700 Initial	1900 Initial		0700 Initial	1900 Initial
Safety Precautions Maintained			***Behaviors***			***Sleep***		
Falls			Socially Pleasant	B		# Hours Slept through Night	5	
Suicide			Argumentative			PRN for Sleep Given		
Assault			Verbally Abusive			Broken Sleep Pattern		
Elopement			Poor Impulse Controls			Nap During Day		
Seizure			Attempts to Elope					
Other Q 15'	B		Intrusive					
			Isolative/Withdrawn	B		***Speech Pattern***		
Appearance			Tearful/Sad			Clear	B	
Neatly Groomed	B		Disrobing			Rapid/Loud		
Disheveled			Screaming/Calling Out			Repetitive		
Appropriately Dressed	B		Agitated			Pressured		
Inappropriately Dressed			Pacing			Rate/One/Volume WNL		
			Sexual Remarks			Mechanical		
ADLs			Inappropriate Touching			Expressive Aphasia		
Independent	B		Inappropriate Laughter			Garbled		
Assisted Cooperative			Easily Redirects	B		Self-Injurious	B	
Assisted Resistant			Difficult to Redirect			***Thought Content***		
			Physically Aggressive			Intact/Goal-Oriented	B	
Eye Contact			Other			Circumstantial		
Appropriate	B					Disorganized		
Fair			***Risk of Harm to Self***			Recurrent Themes		
Poor/None			Self-Mutilation			Suspicious/Guarded		
			Passive Death Wish			Responses		
LOC			Suicidal Thoughts			Flight of Ideas		
Alert	B		Denies	B				
Drowsy			Suicidal Plan			***Mood***		
Lethargic			Suicide Attempt			Elated		
			Denies Suicidal Thoughts/Contracts for Safety	B		Angry		
Orientation						Dysphoric	B	
Self Only						Calm/Pleasant	B	
Person	B		Suicide Risk Assessment Completed			Hopeless/Helpless		
Place	B					Discouraged	B	
Time	B					Labile		
			Risk of Harm to Others					
Concentration			Homicidal			***Patient Self-Rating***		
Follows Conversation	B		Threatening Behavior			On a Scale of 1-10 How Depressed Do You Feel	0	
Follows Directions	B		Thoughts of Harming Others					
Difficulty with Directions						On a Scale of 1-10 How Anxious Do You Feel	0	
Difficulty with Conversation			Plan Developed					
			Able to Carry Out Plan					
Confusion			Sexual Misconduct			***Medications***		
None	B		Denies	B		Compliant	B	
Mild: Easily Reoriented			***Anxiety***			Noncompliant		
Moderate			No Complaints	B		PRN Given (Detailed in Note)		
Severe: Unable to Orient			Mild					
Increased after 1600			Moderate			Medication Changes		
			Severe					

Patient Label

M.H.
Acct#1760544 MR#0000133244 0270-2 17
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

"PA"

Date 3/23/17

	0700 Initial	1900 Initial		0700 Initial	1900 Initial		0700 Initial	1900 Initial
Energy Level			*Response Internal Stimuli*			*Edema*		
No Complaints	✓		None Reported	✓		Feet/Ankles		
Tired/Fatigued			Auditory Hallucinations			Hands		
Excessive Energy			Visual Hallucinations			Face		
			Other			Other None	✓	
Affect								
Congruent with Mood	✓		*Respiratory*			*Cardiovascular*		
Not Congruent with Mood			Respirations Non-Labored	✓		Pulse Regular	✓	
Flat	✓		Respirations Labored			Pulse Irregular		
Blunted			Wheezing			Murmur		
Situational Brightening			Rales			Pulse 4 Extremities (+ or -) *(Explain in notes)*	✓	
			Rhonchi					
Skin			Isolation:					
Normal Color	✓		Type					
Pale						*Elimination*		
Ashen			*Gastrointestinal*			Constipation		
Warm	✓		Abdomen Non-Distended	✓		Normal Bowel Pattern	✓	
Dry	✓		Nausea			Diarrhea		
Cool			Vomiting			Fecal Incontinence		
Moist			No GI Complaints	✓		Urinary Incontinence		
Pressure Ulcer						Normal Bladder Pattern	✓	
Prevention Implemented								
Other								

INTERVENTIONS COMPLETED

Safety Precautions Maintained	✓		Discussion with Family	✓		☐ Skin Care Provided	✓	
Individual Therapy			Supportive Feedback	✓		☐ Assisted with ADLs		
Redirection As Needed	✓		Level of Observation Maintained			☑ Pain Assessed	✓	
PRN Medications			☐ 1:1 Observation			☐ Suicide Risk Assessment		
Education Provided	✓		☐ Line of Vision			Other		
Encouraged Groups	✓		☑ 15-Minute Checks	✓				

DAILY ASPIRATION PNEUMONIA ASSESSMENT ☐ Not Applicable ✓

Implement Aspiration Precaution and Consult Speech-Language Therapist and Notify Physician

☐ Facial Weakness ☐ Open Mouth Posture ☐ Food Retention After Intake
☐ Wet/Gurgling Voice/Breath ☐ Coughing/Choking During Intake ☐ Head Extension During Intake
☐ Drooling and Loss of Food and/or Liquid from Mouth

NUTRITION/METABOLIC PATTERN

Diet Regular

☐ Nutrition and Hydration Addressed

Food	Calorie Count ☐ Yes ☑ No					
Taken per	☑ Self	☐ Assist	☐ Fed			
Breakfast	☑ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Lunch	☑ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Dinner	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO
Interval Feeding	☐ 100%	☐ 75%	☐ 50%	☐ 25%	☐ Refused	☐ NPO

☐ Requested Time: ☐ Offered Time: ☐ Diabetic Time:

Snacks:

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

"PA"

Date 3/23/17

BRADEN SCALE

Sensory Perception	Moisture	Activity	Mobility	Nutrition	Friction/Shear	*17–23 Low Risk* Less than or Equal to 16 High Risk and Initiate Prevention Protocol
1. Completely Limited 2. Very Impaired 3. Slightly Limited 4. No Limitation	1. Constantly 2. Moist 3. Occasionally 4. Rarely	1. Bedfast 2. Chairfast 3. Walks Occasionally 4. Walks Frequently	1. Completely Immobile 2. Very Limited 3. Slightly Limited 4. No Limitations	1. Very Poor 2. Probably Inadequate 3. Adequate 4. Excellent	1. Mod/Max turn Assist 2. Minimum Assist 3. No Apparent Problem	Total Score: 0700 23 / 1900 ____ ; Initial: TB

FALL RISK

Morse Fall Scale	Numeric Values	0700 Score	1900 Score
History of Falling	No=0 Yes=25	Ø	
Secondary Diagnosis (see list)	No=0 Yes=15	15	
Ambulatory Aids			
None/Bedrest/Nurse Assist	0	Ø	
Crutches/Cane/Walker	15		
Uses Furniture to Support	30		
IV Access	No=0 Yes=20	Ø	
Gait/Balance			
Normal/Bedrest/Wheelchair	0	Ø	
Weak	10		
Impaired	20		
Mental Status			
Oriented to Own Ability	0	Ø	
Overestimates or Forgets Limitations	15		
	Total Score	15	
	Initials	TB	

Secondary Diagnosis Which Includes:

- Dizzy
- Orthostatic Hypotension
- Agitation/Delirium
- Frequent Toileting/Incontinence
- Impaired Mobility/Vision/Hearing

Medications:

- Diuretics
- Psychotropics
- Antihistamines
- Narcotics
- Anticoagulants
- Anticonvulsants

Morse Fall Scale Score:
0-44 LOW RISK (Hourly Rounds)
45-Higher HIGH RISK (Implement Falling Star Program)

0700	1900
☒ No Needs Identified	☐ No Needs Identified
☐ Falling Star Program	☐ Falling Star Program

RN Signature	Initial	Date	Time
T Brown RN			
RN Signature	Initial	Date	Time

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3/23/17	0800	Pt ↑ in dining room, eye contact good, Pt socially pleasant/isolative & withdrawn @ x's but easily redirected. Pt denies S/I, H/I, Ø A/V hallucinations. Pt c soft/monotone voice. Pt c dysphoric mood, discouraged. Pt reports "I just want to go home." Pt c flat affect, congruent c (cont)

Patient Label

M.H.
Acct#1750544 MR#0000133244 0270-2 U
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: D12 F
TWIN RIVERS REGIONAL MED CTR

"PA"

DATE	TIME	NOTES SHOULD BE SIGNED, DATED, AND TIMED
3/23	cont'd	Pt monitored Q 15" — Brown
3/23/17	1200	Pt in dining room eye contact good
		Pt socially pleasant, isolative/withdrawn
		Pt easily redirected. Pt denies S/I
		H/I Ø A/V hallucinations. Pt denies
		depression/anxiety. Pt c̄ soft/monotone
		voice. Pt c̄ dysphoric mood, discouraged
		Pt c̄ flat affect, congruent c̄ mood.
		Pt talked c̄ Dr Haiderzad family
		from foster care here for family
		session. Pt to be dc'd to foster
		family. Pt monitored Q15" — Brown
3/23/17	1330	Pt readied for dc to home. Rx
		follow ups, & discharge instructions
		explained to foster parents & patient.
		Pt denies S/I, H/I Ø A/V hallucinations
		Pt d/c'd via ambulator c̄ foster
		parents. Pt belongings returned
		prior to dc home — Brown

Patient Label
M.H.
Acct#1750544 MR#0000133244 0270-2 I7
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

Best Copy

TWIN RIVERS REGIONAL MEDICAL CENTER

Graphic/Intake/Output Record

Date	3/20/17						3/21/17						3/22/17						3/23/17					
Hosp./Post Op. Day																			ON					
Hour	2400	0400	0800	1200	1600	2000	2400	0400	0800	1200	1600	2000	2400	0400	0800	1200	1600	2000	2400	0400	0800	1200	1600	2000
Temperature (C / F: 40.0° 104°, 39.5° 103°, 38.9° 102°, 38.4° 101°, 37.8° 100°, 37.2° 99°, 36.7° 98°, 36.1° 97°, 35.6° 96°)					2/25	97.3		0600		96.2	98.9		97.6	0600			98.3	98.4	98.2					
Pulse						80				75	82		76			91	88		100					
Respiration						20				20	20		20			18	21		20					
SaO2																								
Blood Pressure						137/73				141/EC	148/88		[illegible]			129/78	132/72		153/73					
Pain Level Scale 0-10 Adult																								

Weight	5'6" 147 lbs./kg. (circle)	lbs./kg. (circle)	143 lbs./kg. (circle)	lbs./kg. (circle)

Intake — Shift	1	2	3	24 Hr. Total	1	2	3	24 Hr. Total	1	2	3	24 Hr. Total	1	2	3	24 Hr. Total
Oral			✓				Yes		✓	✓			Yes			
IV																
Blood Products																
Total																

Output — Shift	1	2	3	24 Hr. Total	1	2	3	24 Hr. Total	1	2	3	24 Hr. Total	1	2	3	24 Hr. Total
Urine			✓				Yes		✓	✓			Yes			
Emesis																
NG																
							✓									
Shower			1							no			yes			
Stool			NO				No			✓						
Total																

Signatures & Shift				
1	[signature]		[signature]	[signature]
2	[signature]		[signature]	
3				
4		[signature]		

Pain Intensity Scale 0 2 4 6 8 10 — No pain, Mild, Discomfort, Distressing, Horrible, Excruciating

8882400

PATIENT IDENTIFICATION

M.H.

Acct#1750544 MR#0000133244 0270-2 I7
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

Graphic/Intake/Output Record

TWR10600005 (09/23/10) Page 1 of 1

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

JEREMIAH W. (JAY) NIXON, GOVERNOR • TIM DECKER, DIRECTO
CHILDREN'S DIVISIO
DEBRA MCCOIN, CIRCUIT MANAGE
BUTLER COUNTY, 1903 NORTHWOOD DRIVE • PO BOX 8 • POPLAR BLUFF, MO 63902 • 573-840-9200 • 573-840-9273 FA
RIPLEY COUNTY, ROUTE 2 BOX 1143, DONIPHAN, MO 63935 • 573-996-2175 • 573-996-2238 FA
WWW.dss.mo.gov

February 3, 2017

RE: M.H.
DOB:
SSN:

S.H.
DOB:
SSN:

Best Copy

To Whom It May Concern:

This is to verify that the above named children are currently in the legal custody of Missouri Children's Division and placed in the physical custody of John & Cassandra Rideout who reside at RR 61 Box 2400, Naylor, MO, 63953.

Mr. & Mrs. Rideout are permitted to seek medical treatment, sign consent forms and make educational decisions for the children on behalf of the Missouri Children's Division.

Please feel free to contact me if you have any questions or need additional information.

Sincerely,

Theresa Whaley

Theresa Whaley, BSW, CSW IV
36th Judicial Circuit – Ripley County

Discharge Instructions

TWIN RIVERS REGIONAL MEDICAL CENTER
1301 First Street Kennett, MO. 63857-1515
(573) 888-4533

PATIENT: M.H.
PT#: 1750544
MR#: 0000133244

DESTINATION

Discharged to: Home
Discharged via: Ambulatory
Accompanied by: Family member

DIET

Instructions reviewed with patient/caregiver
Type: REGULAR

ACTIVITY

Instructions reviewed with patient/caregiver
Activity as tolerated

SPECIAL INSTRUCTIONS

Special Instructions:
*keep all follow up apts
*
****** In a few days you may receive a phone survey regarding your stay in our hospital. Please take a few minutes to complete this phone survey. Your feedback helps us ensure everyone gets the best care possible at Twin Rivers. We want the best for you and your family anytime you are with us
******

IMMUNIZATIONS

Please follow up with your physician.

IMMUNIZATION	LAST DOCUM	LAST ADMINISTERED	STATUS
INFLUENZA	03/23/2017		CONTRA-INDICATED
PNEUMONIA	03/23/2017		CONTRA-INDICATED
HEPATITIS B	03/23/2017		N/A
TETANUS/DIPTH	03/23/2017		N/A
MMR	03/23/2017		N/A
HEPATITIS A	03/23/2017		N/A
OTHER	03/23/2017		N/A

NOTIFY PHYSICIAN

If you are experiencing an emergency, call 911 or go to the nearest Emergency Room. For questions or concerns related to your hospitalization, contact:

Discharge Instructions

TWIN RIVERS REGIONAL MEDICAL CENTER
1301 First Street Kennett, MO. 63857-2525
(573) 888-4522

PATIENT: M.H.
PT#: 1750544
MR#: 0000133244

NOTIFY PHYSICIAN

2092-DAVIS, D L
Notify physician if you experience the following
Worsening symptoms

FOLLOW-UP APPOINTMENTS - PHYSICIAN

Location	Appt Type	Date of Appt	Appt Time
scott foster 573-996-2194	therapist	03/23/2017	04:00 PM

TEACHING / REFERRAL TO OUTSIDE

Family teaching:
keep all follow up apts

VALUABLES

Valuables sent home with patient
Valuables from safe
Other valuables:
all returned

SMOKING EDUCATION

Smoking cessation materials issued and reviewed No
If no, why? non smoker
Patient requests a referral regarding cessation No
If no, why? non smoker
Patient requests an FDA approved medication No
If no, why? non smoker
Comments:
A recommendation has been made by your physician to use an over the counter nicotine replacement therapy product of your choice. Y / N

EDUCATIONAL MATERIALS

Educational Materials Provided

759	Mirtazapine Oral disintegrating table	03/23/2017	11:57	*KRAMES
84277	Warning Signs of Suicide and What You	03/23/2017	11:57	*KRAMES

EVALUATION

Discharge Instructions

TWIN RIVERS REGIONAL MEDICAL CENTER
1301 First Street Kennett, MO. 63857-2515
(573)888-4522

PATIENT: M.H.
PT#: 1750544
MR#: 0000133244

EVALUATION

Patient status at time of discharge:
Vital Signs: T 98.2 P 100 R 20 B/P 133/073 D/T 03/23/2017 06:00:00

Neuro: Age appropriate Y Alert:Y Oriented to: Time Y Place Y Person Y
Heart: Regular
Lungs: Clear bilaterally
Abdomen: Soft, non-tender
Bowel: Active bowel sounds

Skin Condition: Intact
Surgical site:

Pain: No pain
Evaluation completed at: 03/23/2017 11:58 AM by: MLMCKEE

I acknowledge receipt of and understand the instructions above and I certify that I have received a copy of this instruction sheet.

Signature: Cassandra Rideout Date: 3/23/17
Significant other present for instructions: _____ Phone: _____

Nursing Signature: MMcKee ACD Date: 3/23/17 Time: 1200
Nursing Unit: _____

A week or so after you leave the hospital, you may be asked to take a survey about your stay. It is very important to complete this. Your feedback helps the hospital make sure everyone gets the best care.

If you or a loved one have congestive heart failure, follow these healthy living tips: stop smoking; follow the diet your doctor prescribed; keep your follow-up appointment; follow the activity guidelines your doctor wants you to be on; check your weight at least twice a week; call your doctor if you notice unexpected weight gain, or shortness of breath; and keep your medication list current.

TWIN RIVERS
101 First Street Kennett, MO. 63857-3515
(573) 888-4512

Discharge Instructions

PATIENT: M.H.
PT#: 1750544
MR#: 0000133244

3/23/2017 12:00

MEDICATIONS Reviewed for action, dosage, route, potential, side effect and interaction.

Status	Medication Trade/Generic Name	Dose	Route	Frequency
Continue	mirtazapine tablet	15MG	ORAL	AT BEDTIME
	As Needed Reason: Comment:sleep disturbance			
New	REMERON MIRTAZAPINE	15MG RXNORM:311725		AT BEDTIME
	As Needed Reason: Comment:sleep			

E=English Medication Education - copy given to patient
S=Spanish Medication Education - copy given to patient

Chart Copy

TWIN RIVERS

Interdisciplinary Patient/Family Education

Primary/Preferred Language (Select One)	Barriers to Learning (Multiple Select)	Require for Teaching Purposes (Multiple Select)
☐ English ☐ Spanish ☐ Other: _____	☐ None ☐ Vision Problem ☐ Hearing Problem ☐ Age ☐ Diminished Comprehension ☒ Emotional ☐ Financial ☐ History of Non-Compliance ☐ Language ☐ Physical State ☐ Sensory Problem ☐ Social ☐ Other: _____	☒ No Aids ☐ Glasses/Contact Lens ☐ Hearing Aid(s) ☐ Modified Teaching Technique(s) ☐ Translator ☐ Other:

Special Cultural/Spiritual Practices that might influence our teaching?

☑ No
☐ Yes, Explain:

Preferred Method of Learning (Multiple Select)

☐ Audio Tapes	☐ Demonstration/ Doing
☒ Hearing	
☒ Reading	☐ Picture/Diagrams
☐ Self Study	☐ Video/Seeing

Any specific educational request: _____

Initial assessment completed by: RJS RN Date: 3/20/17 Time: 2300

Topics of Education		Readiness to Learn	Method of Instruction
1. Illness/Disease	10. Smoking Cessation	R = Ready, Interested, Participates	A = Audio Visual
2. Diagnostic Testing/Treatment/ Procedure	11. Involvement in own Safety	N = Not Ready, Distracted	D = Demonstration
3. Medications	12. Signs/Symptoms to Report	U = Uncooperative	G = Group/Class
4. Personal Hygiene/Grooming	13. Rehab Techniques	P = Patient Condition Prohibits Learning	T = Telephone
5. Food-Drug Interactions	14. Pain Management		V = Verbal
6. Medical Equipment	15. Restraints/Alternatives		W = Written Materials
7. Continuation of Care	16. Community Resources	**Learner**	
8. Diet/Nutrition	17. Other: _____	P = Patient	S = Significant Other
9. Rights/Responsibilities		F = Family	O = Other

Patient/Family Outcomes

NA = Not Applicable At This Time	VR = Verbal Recall, States Basic Concept
R = Resistant To Teaching	NR = Needs Reinforcement
N = No Evidence of Learning	D = Demonstrates Adequately
A = Asks Relevant Questions	U = Unable to Participate

Date/Time	Topics of Education	Readiness To Learn	Learner	Method of Instruction	Learner Outcomes	Signature/Title
3/20/17 2300	**Orientation:** Patient Handbook, ~~Advanced Directive~~, Room, Tobacco Policy, Visiting Hours, ID Band, Bed, Phone, TV, ~~Call Light~~, Bathroom, ~~Electrical Equipment~~	R	P	V W	D	RJS RN
	Pain Management: Pain scale rating with appropriate 0-10 scale, using FACES, Numerical, CRIES Pain management options: • Pharmacologic-Medication • Non-Pharmacologic					
3/20/17 2300	**Patient Rights/Responsibilities Information**	R	P	V, W	D	RJS RN
	Surgical Site Infections					
3/20/17 2300	**Fall Prevention/Injury Prevention**	R	P	V	D	RJS RN

8882520

PATIENT IDENTIFICATION

M.H.
Acct#1750544 MR#0000133244 0270-217
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

TWIN RIVERS

Interdisciplinary Patient/Family Education

Date/Time	Topics of Education	Readiness To Learn	Learner	Method of Instruction	Learner Outcomes	Signature/Title
3/20/17 2300	**Role In Own Safety:** • Isolation Precautions • Hand Hygiene • Respiratory Precautions • Strategies for Safety During Surgery • How to Report Concerns	R	P	V	D	
3/20/17 2300	**Smoking Cessation**	non-smoker				
	Medical Equipment: a) IV Pole and Pump b) _____ c) _____					
	Treatment/Test/Procedure: a) _____ b) _____ c) _____					
	Medications [including potential Food/drug interactions]: a) _____ b) _____ c) _____					
	CHF: • Activity • Diet • Discharge • Weight Monitoring • Follow-up Appointment • What to do if Symptoms Worsen • "Heart Failure: Know and Follow your Signals"					
	Asthma Home Management Plan of Care					
	Isolation Precautions: • Contact • Respiratory • Droplet • Reverse					
	Blood Transfusion Administration and Reaction					
	Aspiration Precautions: • Head of bed 45 degrees • Modified Diet • Oral Hygiene					
	Respiratory Care: • Oxygen Safety and Use • Airway Clearance • Updrafts					
	Discharge Instructions:					
	Other:					

8802520

PATIENT IDENTIFICA

M.H.
Acct#1750544 MR#0000133244 0270-2 I7
HAIDERZAD, TAL Fam:DAVIS, D L
Adm:03/20/2017 DOB: 012 F
TWIN RIVERS REGIONAL MED CTR

Interdisciplinary Patient/Family Education